DOI:10.26524/jms.2012.35

Problems of elderly women: need for interventions

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ABSTRACT: Elderly problem is a major problem across the world, as the elderly population is growing due to increase in health facilities. Among the elderly people, elderly women are most vulnerable group of the society suffering from socio-economic and health problems. The extents of problems of elderly women are more if they are widows. The paper analyzed the statistics of the elderly population and discussed the problems faced by elderly women in India. It is found that there is no particular social welfare scheme available for the betterment of health problems of the elderly women. Hence, the paper concluded with the remarks that there is need for health scheme for the elderly women.

Key words: *Elderly, health problems, Vulnerable, health schemes*

INTRODUCTION:

Ageing of populations and extension of life are significant by-products of the demographic transition. Ageing of population is primarily the result of two factors—reductions in fertility and mortality. The reduction in mortality rates implies a longer life span for the individual and the reduction of fertility implies a decline in the proportion of the young in the total population. Thus an 'ageing population' means a population characterized by higher average life expectancy and increasing proportion of the elderly in the total population (Siva Raju, 2000). ―Ageing‖ compasses all the biological changes that occur over a lifetime. ―Getting old‖, on the other hand, is a social concept and slightly related to the biological processes of ageing. The social context of ageing, according to the Dharmashastra, is when wrinkles and grey hair appear in a person and a grandson has also appeared in the house. Then it is considered time for the householder to retire. Thus, the Brahrninic concept of old age emphasizes conclusion of and, therefore, disengagement from family life cycle responsibilities (Murli Desai, 2000).

Until the early 1980s, developing countries perceived that population ageing was an issue that concerned the developed countries only. But as a consequence of rapid decline in fertility, and a parallel trend of increasing life expectancy, the developing countries have become increasingly aware of a range of problems regarding ageing. In the developed countries, elderly accounted for 17 per cent of the total population as compared to 7 per cent in the developing countries. However, in terms of absolute figures, out of the total 490 million world's elderly population, 282 million (i.e.57.6%) live in the developing region. According to the United Nations Projections, in 1980, the elderly population of the world (60 years and over) was approximately evenly distributed between developed and developing countries, but by 2025 about 71 per cent of the 1.200 million would reside in the latter (ESCAP, 1991). In the developing countries generally, while a general population will increase by 95 per cent between 1980 and the year 2000, a 60 plus population will rise by about 240 per cent (Sinha, 1991). Although the proportion of older persons in the developing countries is still generally quite modest, the overall number is large.

During the next decade, the world, as a whole, is expected to gain around 100 million elderly people. Three-quarters of this increment will be contributed by the Third World, with China and India contributing to over two-fifths (42 per cent) of this gain (Siva Raju, 2000).Much of the research studies were already conducted on ageism and elderly people, but majority of these studies were concentrated their studies only on the elderly men. Further, only a few of the studies were conducted on the elderly women. There are innumerable problems for the elderly women, that is loss of social status, economic insecurity, lack of respect in the society and family, and if widow, the worries, depression is more causing more health problems. Thus, the problems of older women are not so much a product of the ageing process per se as they are a product of the subordinate status of

women throughout their life cycle. It is also recognized that the problems of ageing are increasingly women's problems. Compared to old men, older women are likely to be more in number, widowed, care givers to other relatives, poor, ill, and, therefore, vulnerable td abuse and institutionalization.

Desai's (1997) case studies of institutionalized elderly women showed that the elderly women's status changed not just due to chronological ageing but when they lost their husband/men. Until their husband/men were alive they had a place to live. Even for women- who earned more than their husband, a house was not an inalienable resource, to call her own in old age. Thus widowhood leads to social, emotional and financial insecurity. The elderly women, who generally do not have the ownership right to family housing or property, and ill, now tend to continue the household duties in order to prove useful to their family. Increasing number of elderly women experience neglect and indifference from their children. High level of illi teracy, a lack of remunerative occupation as well as negligible awareness about legal and economic rights among elderly women, in comparison with their male counterparts, make elderly women more vulnerable than elderly men, to neglect and abuse by their sons and daughters-in-law (Shah, et al, 1995). Hence, it is generalized that the elderly women have pathetic situation in their family as well as in society. Further, majority of the elderly women living in slum areas are illiterate and depends on others for their basic needs as they have no economic security.

Elderly population refers to old aged people that are the people of above 60 years. Old age is a normal, inevitable and universal phenomenon. Literally, it refers to the effects of age. Commonly speaking, it means the various effects or manifestation of old age. In this sense it refers to various deteriorations in the organism. After attaining the age of 60 years, human being start losing his/her energy and as a result, health problems are started, both physical as well as mental problems makes the elderly people to get suffered in the life.

AGED PEOPLE: STATISTICAL ANALYSIS

In India life expectancy has gone up from 20 years in the beginning of the 20th century to 62 years today. Better medical care and low fertility have made the elderly the fastest growing section of society, whereas in France, it took 120 years for the grey population to double from 7 % to 14 %. But in India, the grey population has doubled in 25 years. Statistics revealed the estimated population of the elderly in India as under. 77 Million Elderly population (projected to 177 Million by 2025)90 % with no Social Security v 30% of older persons live below the poverty line 33% of older persons live just marginally over the poverty online 80% of older persons live in rural areas. 73% are illiterate, and can only be engaged in physical labor. 55% of elderly women are widows There are nearly 200,000 centenarians in India (Age Care Forum, 2007).

- Elderly population is the fastest growing section of society in India due to:
- Increased life expectancy
- Advancements in medical / health technologies
- Better nutrition
- Gradual fall in mortality rate
- Low fertility rates
- Increased awareness

Solution to this ever-growing chasm lies with the society and the support groups. The support groups define the gaps, the needs and views for future responses to abuse, care and prevention.

From 1901 to 2025: 12 million to 177 million

. 1901 - 12 Million elderly

· 1951 - 19 Million elderly

· 2001 - 77 Million elderly

· 2025 - Projected 177 Million elderly

On the basis of Census of India 1991, Chaubey and Aarti (1999) provided the following characteristics of the Elderly population in India:

1. 78.1% of the elderly population lives in rural areas of India.
2. Percent decadal growth rate has increased from 5.75 in year 1901 to 31.31 in the year 1991.
3. There are 930 females per thousand elderly males in India.
4. 63.09% of elderly population (aged 60+) is married.
5. Percentage of widowed males is 15.47% and widowed females are 54.04% in India (population aged 60+).
6. Literacy rate for persons aged 60+ is 27.15. (Males Literacy rate is 40.62% and females 12.68%)
7 .Work Participation rate for the elderly population aged 60+ is 39.1% (work participation rate is defined on the number of workers as percentage of population.
8. Expectation of life at birth is 60.3 years, at the age 60 year = 16.2, 65 = 13.2 and at 70 = 10.6.
9. Total old age dependency ratio in India is 12.19. (Old age dependency ratio is defined as the number of persons aged 60+ as a percentage of persons aged 15-59).

It is surprising to note from the above statistics that about the widows population that is female elderly population consists of 54.04% of the elderly population. Elderly Women, if widow faces several problems such as lack of status in the family as well as in society, loneliness, poor economic status, lack of social recognition, depression, severe health problems, lack of care from the family members, etc. Even though the widows' population is major in the elderly population, till now no considerable study was made to know about the socio-economic, health and psychological problems of the elderly women.

Of course, there are vast number of surveys and studies that have been already done on general ageing. It is also noted that during the old age the women rather men to a major extent faces the different problems. Such specific problems of the aged women are not being considered till now in the sociological studies. According to the National Human Development Report (2001), an aspect of the aging problem, on which some data is available relates to the widows among the elderly females. The number of widows among the elderly is about three and a half times more than the number of widowers. While the percentage of widowers among the elderly males was about 15 percent, the widows among the elderly females were as high as 54 percent as per the 1991 Census.

More importantly at present, on an average, women of age 60 years are expected to live 1.8 years longer than males. This, coupled with the average age difference between men and women at the time of marriage, results in a situation where women surviving their spouses are likely to live about 6.5 years as widows. This is about one-tenth of the prevalent female life expectancy at birth and, more importantly, about 40 per cent of life expectancy of an elderly woman in the country. Thus, the time spent by the elderly women as a widow is considerable. The women in the States of Karnataka, Kerala, Maharashtra and West Bengal are likely to spend more years as widows than in other States, as differences in the male-female marriage age in these States are much larger.

Aged women are called as 'wet leaves' in Japan, 'kankeri' (second childhood) in China and 'Shastipurthi' in Sanskrit (Gowry, 2003). In India older women are seldom part of the development agenda. Their contributions are slighted and discussions of their situations are usually fterthoughts. Their work is not considered as economically productive and their contribution throughout their lifespan is not quantified or valued (Ramachandran and Radhika, 2006).

PROBLEMS OF ELDERLY WOMEN:

Old age is a critical phase in life as much as child hood or adolescence and hence requires special consideration. Old age is considered as second childhood, because both the aged and the child have to depend on others for many of their personal requirements. The major problems of old age could be devaluation in status and income, deteriorating health, retirement, dependency, fear of death and shock of growing old. Old age should be tranquil as childhood should be playful. However, nobody prefers to have old age for a longer time, as aged people are looked upon as useless, non-productive, rigid and

burdensome. This leads to various problems like cultural rejection, self-rejection, anxiety and panic, psycho-physiological exhaustion, isolation and unrealistic pre-occupation (Shah and Joshi, 1996).

As revealed by medical science, human ageing is characterized by progressive decline (referred to as homoeostenosis) in the homoeostatic reserve of every organ system. This phenomenon is usually evident by the third decade although, the rate and extent of the decline may vary. The decline of each organ system appears to occur independently of the changes in the other organ systems and is influenced by diet, environment, personal habits and genetic factors. The elderly suffer from health problems due to the ageing process like - senile cataract, glaucoma, nerve deafness, musculo-skeletal changes affecting locomotion, failure of special senses and poor reflexes (resulting in accident proneness) and enlargement of prostate in males.

The mental changes include impairment of memory, rigidity of outlook and dislike of changing trends (especially socio-cultural norms). The social problems have been caused by the break-up of the joint family system, the nuclearization of families, housing shortages in urban areas and the increasing participation of women in the workforce. Women continue to be the health care providers for the elderly at the household level.

According to the medical practitioners, old age depression is a very rampant problem today, and the sorrier thing is that the number of cases each year is only increasing. It is a myth that old age depression happens only in countries with poor old age plans; today it is also happening in the most advanced countries of the world with the best long term plans. The situation has become so grave that in most cases depression and elderly women have almost become synonymous. Most elderly women in the world suffer from some kind of depression or the other.

With depression among elderly women, it is necessary to give them as much time as possible to make them feel wanted. A careful analysis of old age depression shows that this condition occurs generally when elderly women feel that there is no one to look after them. If the depression continues, then it could take a toll on the heart or it could complicate into major mental problems. Depressed women might need someone to converse with. That is why care homes that care to them take the efforts to make depressed elderly women feel involved in all the activities that they undertake.

In case of elderly men, the problems may be lower, but in case of women, it is a double burden that older women have to bear. In addition to having to face the travails of being a senior citizen, there is an inbuilt disadvantage of being a woman in India. According to the latest statistics, around 18 million of the 70 million senior citizens in the country are widows. The widows have different psychological problems such as feeling of insecurity, loneliness, lack of adequate care from the family members, non-recognition in society, etc. The lack of adequate financial resources, the power to make decisions and a lifetime of living under the control of other members of the family have rendered many of them incapable of running their lives after 60 years. While the aged remain a largely neglected group, special care services for aged women are yet to occupy the attention of policymakers and voluntary organizations (Meena Gopal, 2006).

Societies have come to recognize women as a part of the deprived and vulnerable and have made them part of the forefront of all social security mechanisms. Although social security covers a gamut of needs, there is a gendering of the provision of welfare of the family where women are dependent on men who are the breadwinners (Gayathri, 2001). It does not recognize or understand the nuances and distinction of women's unpaid work within the household and paid work outside, if any. In India, it is often tend to ignore or forget that a bulk of the productive work of women gets subsumed under the family labour and domestic tasks, which are unpaid.

Almost those state provisions that addressed women first were health care and welfare benefits in their maternal and child rearing roles. Outside the organized working sector, where women do receive social security benefits, they have not received specific social security inputs except as destitute, who are outside the ambit of the family or where they needed protection as mothers for children. A bulk of women in productive labour in the unorganized sectors or who are self-employed hardly have any protection.

Shelter homes, short-stay homes, measures for the rehabilitation of destitute women and prostitutes and the initiatives to set up Mahila Mandals were some of the welfare measures adopted (Government of India, 1995). From the Fifth Five-Year Plan, the state reluctantly began to recognize women's contribution to economic development and sought to bring in equity considerations in various social security measures. However, these remain half-hearted and piece-meal efforts. For instance, in terms of property rights, political participation and other rights women still remain behind men. The state did not make an effort to dislodge traditionally entrenched patriarchal norms that pervaded every institution in society. In the 1990s, some improvement has occurred with Panchayati Raj introduced with the 73rd and 74th Amendments providing reservations for women in the local bodies in the village and urban areas.

Among the schemes for poor women, in addition to the programmes that were existent in the 1980s such as the Integrated Rural Development Programme (IRDP), which has now 40 percent beneficiaries to be women, the Training for Rural Youth for Self-Employment (TRYSEM), the Integrated Child Development Services (ICDS), were introductions such as the Development of Women and Children in Rural Areas (DWACRA) through which groups of women are formed to obtain subsidy and credit for income generation activities and adult literacy programmes under the National Literacy Mission. A significant number of the elderly participate in these programmes. There also continued to be schemes such as the Socio-Economic Programme (SEP) which provides training and employment to needy women such as widows, deserted wives, the economically backward and the handicapped in traditional, agro-based and non-traditional trades (Government of India, 1995; Dandekar, 1996; Gopalan, 1994). Among some of the central government provisions for the non-organized sector is the recent 20 percent tax rebate to senior citizens above the age of 65 of those paying taxes. The state continued to help women who had no familial support, while not disengaging from reinforcing the breadwinner and dependent relationship that exists within families.

Among the specific categories of women whom the state targeted for social security benefits were pregnant women and mothers, destitute women, widows and the aged women. Even though the state targets the family for the provision of social security, as far as women are concerned when their tie to the breadwinner is broken in case of divorce, desertion, separation or widowhood, it means destitution. The Bengal Famine of 1943 is an evidence of the fact that the largest number of destitute who were intentionally abandoned by their families were women of poor households who were seen to be less valuable (Agarwal, 1999).

Direct state provision of security in times of crisis such as drought or any other calamity would help poor households, but also protect the vulnerable amongst them such as women by providing them with direct entitlements. This adds to the argument that some amount of formal support for women would actually add to the informal support that they might receive from family and community. These is also the premise behind the campaign for land rights for women, including usufructuary rights in non-privatized land, that this resource will reduce their vulnerability and improves their bargaining power within household and strengthen the support they receive from relatives.

Numerous examples are found in the rural areas where women who are married into rich peasant households might find them economically vulnerable or are driven to work on the farms of their well-off brothers or brothers-in-law, or even beg for livelihood upon death of or desertion by their husbands. Of these the conditions of widows and older women is the most vulnerable (Chen, 1998).The dependency of widowhood is most vulnerable as it is the women who mostly outlive their spouses. Further the fragility of their existence is accentuated when compared to the dependency of older couples living with their spouses. Men who were widowed almost always obtained a companion compared to the destitution that faced widows. One of the studies showed that a greater proportion of female (widowed) dependents lived with their children. Widows were disadvantaged within families compared to their male counterparts. Thus socio-demographic explanations that lie behind the vulnerability of widows has to do with difference in patterns of remarriage of men and women who are widowed, differences in life expectation and differences in the age of marrying partners (Gulati, 1998).

Poverty of households headed by women or widows is often dependent on household size and expenditure. Further, if widowed women had land, they were not heads of households, but most widows who were landless were the heads of their households. While in aggregate, evidence does not always point to the absolute poverty of female-headed households compared to male-headed households, where households of a given size are seen, the ones headed by women or widows are poorer than those headed by men (Dreze and Srinivas, 1998). Apart from the several socio-economic insecurities that widows alone face, threat to life and injurity to person is in particular always present when there are claims to property and land. Reports about abuse of elderly women by the family are frequently cited, especially in urban areas.

Apart from the livelihood inputs to old age social security, which includes food and shelter, the other major component is health or medical and disability care. In a society that has achieved some though not excellent levels of public health standards, with increasing life expectancy, the special health needs of the older populations have not merited attention. A comprehensive review of the health status of older people and the various measures adopted by the state and non-governmental agencies has indicated the enormity of the issue and the need for special attention to this group (Karkal, 1999). The worsening health condition of the elderly has also been documented sufficiently in research studies (Rama Rao and Townsend, 1998). The increasing risk of sickness in the older population has also been observed through 8the various health surveys conducted by the National Sample Survey Organization and the National Council of Applied Economic Research (Alam and Anthony, 2001). It is indeed a severe shortcoming that hardly any of the available social security mechanisms for the elderly cover health care requirements, except some that have emerged in the organized public sector or in private concerns. The question confronting the state is the management of the fluidity of formal schemes along with the tenuousness of informal systems such as the family. It is really a matter of observing the viability of the former with the continuing support of the latter (Chowdhury and Nugent, 1996).The old age people have their own problems. Such as ill health due to various old age ailments such as diabetes, rheumatics, feeling of insecurity, deafness, blindness, uncertain mental state, fear of being neglected in the society, etc.

SOCIAL SECURITY SCHEMES FOR ELDERLY WOMEN:

Latest in the line of policy documents, the first ever national policy on older persons of India, refers to the legal rights of parents who have no means to seek the support of their children having sufficient means. It was formulate by the Ministry of Social Justice and Empowerment and submitted for cabinet approval in January 1999. Some analysts have tried to see how far i t is sensitive to the mandate for gender parity and the removal of gender discrimination. There is recognition of higher expectancy of life for women and the recognition of more number of women in the age group above 60, while the incidence of widowhood is also much higher compared to the situation for men above 60 years of age. Women who outlive men are greater n number as they tend to be married to men who are older, besides women also do not remarry and live longer. In 1991, there were four times as many widowed females as compared to widowed males.

By and large, there is not much emphasis to highlight the gender implications of such a policy despite evidence that women in this category suffer greater vulnerability. In the sections on health care, nutrition, shelter and education there is no specific reference to women's situation. What is interesting is there are pointed references to the changing nature of the family and the roles of younger women who are potential care-givers, and therefore, older persons tend to be seen as burdensome. The document exudes a tone of alarm while making these observations. However, at the implementation level it will be the Panchayat Raj Institutions who will take the initiative in implementation. There will be discussion forums set up at the Panchayat, Block and District level with adequate representation of older women, to review the concerns of older persons and activities that need to be undertaken. An issue on which the state needs to be interrogated is its intention to adopt private help in the implementation of its pronouncements. While there is no mention of financial support, for instance in providing geriatric health care, the government anticipates division of this responsibility between itself and the voluntary and private sector,

incentives for whom will be in the form of tax relief's and land at subsided rates to provide care for the poor elderly and charge reasonable user fees from those who can afford (Sujaya, 1999).

Among the categories of provisions, the largest segment of old age security, has a very limited outreach, is centred on organized sector employees, as pensions. Among pension schemes which are contributory in nature are the Employees State Insurance Scheme (ESIS), Provident Fund, Pension and deposit linked insurance scheme and so on, in which both workers/employees and employers contribute. Among non-contributory schemes are Workmen's Compensation Act (1923), Maternity Benefit Act (1962), National Social Assistance Programme (1995) and the Payment of Gratuity Act (1972). In the organized sector which is just 4 percent of the workers officially recognized in the country, women account for about 15 percent. Therefore the proportions from the above schemes going to the elderly retired women can be gauged.

As part of the larger net that is termed anti-poverty measures, almost all states in the country have Old Age Pension, for which all persons above 65 years who may also be old, poor and infirm are eligible. The Widow Pension Schemes have also been functional since the 1960s. All these eligible persons receive pensions ranging from Rs. 30 to Rs. 100. It is important to note that these old age pensions are not subject to the employment status of the old persons and hence, covers all the older people above that age provided they are able to satisfy the conditions and criteria. Elderly destitute widows alone are considered under the Old Age Pension, but in Kerala, even young widows are considered eligible under this scheme. Apart from this some states, such as Andhra Pradesh, Gujarat, Kerala and Tamil Nadu have special pension schemes for agricultural labour (Meena Gopal, 2006).

By the mid-1990s there is data which says that 32 states and union territories in India have been implementing old age pensions with many states implementing the scheme since the 1960s and some since the 1980s often with paltry amounts. Andhra Pradesh and Kerala have been implementing the scheme since 1960, while Tamil Nadu has been operating it since 1962, West Bengal since 1964 and Karnataka since 1965. some of the later ones to introduce have been Pondicherry since 1987 and Arunachal Pradesh since 1988. Among states which pay the lowest are Andhra Pradesh and Bihar with Rs. 30 per month and Tamil Nadu with Rs. 35 per month and those paying Rs. 100 are Delhi, Haryana, Madhya Pradesh, Maharastra, Mizoram, Nagaland, Rajasthan, Uttar Pradesh and Lakshwadeep. In terms of the coverage, while the national average was 9.1 percent of the population aged 60 and above, Bihar and Karnataka with 26 percent and 29 percent, respectively of population aged 60 and above had a large coverage. Among the smaller states, Goa and Haryana had coverage of 66.6 percent and 67.9 percent respectively. Others which stood above the national average were Himachal Pradesh (14.6), Maniput (10.5) and Tamil Nadu (9.9). For the welfare of the aged the Ministry of Social Justice, formerly social welfare, has set up an inter-ministerial committee on welfare of the aged to suggest programmes for care and protection of the elderly.

It is interesting to note that national efforts to provide for vulnerable groups often end up consolidating the state efforts begun many decades ago. In this line is the National Social Assistance Scheme introduced on August 15, 1995. Among its components are the National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS) and the National Maternity Benefit Scheme (NMBS). The old age pension scheme (NOAPS) is a 100 percent centrally sponsored scheme giving assistance to the states for the poor elderly, with the norms, guidelines and conditions laid down by the central government and managed by the union ministry of rural development. The administration is through the state governments even though the assistance is centrally provided (Rajan, 2001). Those eligible for this combined scheme are male or female destitute above 65 years of age, with the state government reserving the right to determine the criteria for eligibility. The amount of assistance was Rs. 75 with a ceiling on the number of claimants. Some states such as Tamil Nadu and Gujarat have also destitute widows and destitute deserted widows pension schemes for those in the age group of 40 to 64. Orissa has the scheme for destitute widows aged 50 and above. Kerala and Orissa have also pension scheme for destitute widows, whether old or young, and physically disabled.

In 1999, the Government of India announced Annapurna, a national social assistance scheme for elderly destitutes. Under this scheme the destitute old person would be provided 10 Kg of rice or wheat per month free through Public Distribution System (PDS). It is implemented by the Ministry of Rural Development with the assistance of the Ministry of Food and Civil Supplies. It includes those destitutes who are eligible under the NOAPS, but have no one to look after them. In the initial year of implementation, Rs. 100 crore was allotted which was estimated to benefit 6.6 lakh elderly destitute persons. As of October 2000, only 15 states and two union territories have been covered by the programme to which the alloca ted amount has been released. Both the above schemes as well as the state pension schemes together cover 25 percent of India's elderly population (Rajan, 2001).

Some experience of Self-Employed widows provide an example of NGO efforts to provide social security to elderly, for instance, the comprehensive group insurance scheme, widowhood insurance and so on. The Self-Employed Women's Association (SEWA) based in Ahmedabad, Gujarat is one of the largest unions of the women workers in the unorganized sector (Jhabwala, 1998). Fourteen percent of SEWA membership is widowed. For the widows, the most important aspects of SEWA membership have been the ease of entry, the access to creation of assets, labour sharing and group support. The various cooperatives for the economic activities function in the village or 'mohalla' where the women live and they do not have to go far. Similarly, the SEWA Bank reaches its member-clients through the extension workers, through village level savings groups, or through group leaders.

Significantly, healthcare as social security does not seem to exist in any state. This is alarming given the fact that of other age groups. Older people's health care needs are of much concern given the inadequate provisions in the public sector and the prohibitive costs for private health care. Surveys have estimated the susceptibility of older people, with susceptibility increasing with higher age, to five specific diseases: partial and complete blindness, tuberculosis, leprosy, malaria and l imbs impairment. While the demand for care is pressing, there is an escalation in the cost of medical services, particularly diagnostics and drug prices (Alam and Anthony, 2001). Women particularly among the elderly suffer gender biases and discrimination with respect to health care access and definitely suffer from health problems much more but there does not exist any special state provision for geriatric health care for women (Karkal, 1999).

Apart from suggesting improvements in social security schemes, governments have to move beyond pensions and employment for widows to providing immovable assets and properties rights. For those who do have property, the Sector 498 A and other related ones do provide protection against domestic violence in case there is harassment of older women and men trying to usurp their property (Agarwal, 1998). Under the national policy, the government wishes to promote and assist voluntary organizations for providing non-institutional services, construction and maintenance of old age homes, organizing day care services, multi-service citizen centres, reach out services, supply of disability related aids and appliances, short-term stay services and friendly home visits by social workers. Other services which are forthcoming are rehabilitation of destitute widows, mobile geriatric services, adoption of the elderly, marginal subsidies on purchase of plane or train tickets and tax rebates.

CONCLUSION:

Elderly problem is major social problem, which increased due to increased health facilities. Further, due to globalization, there is increase in nuclear families and as a result, elderly people are left alone. As such, the extent of the problems of elderly in different aspects such as socio-economic, health, etc are more. In case of elderly women, the problems are manifold. That is, due to inequality of women in the society, the elderly women are neglected by youth. Further, if the elderly women are widows, then they find it difficult to face challenges in their lives. Due to loneliness, there are also many of the mental health problems such as feeling of insecurity, loneliness, depression, etc. Further, due to ageing, there are also physical health problems such as bronchitis, asthma, arthritis, etc. Of course, many of the social security schemes are proved to be

beneficial for elderly women, still there is need of health schemes to look after the health of elderly women. Hence, the Government and the NGOs have to intervene the problems of elderly women for their better.

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